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Strategic Directions For
Building the Institutional Capacity of the
National Training Center for Reproductive Health
and the National Institute of Health Administration

Family Planning Management Development (FPMD)

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Management Sciences for Health
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Final Report

**STRATEGIC DIRECTIONS
FOR
BUILDING THE
INSTITUTIONAL CAPACITY OF THE
NATIONAL TRAINING CENTER
FOR REPRODUCTIVE HEALTH
AND THE
NATIONAL INSTITUTE
OF HEALTH ADMINISTRATION**

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Family Planning Management Development Project

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GLOSSARY OF TERMS

CA	Collaborating Agency
DP	Direction de la Population
DF	Division de la Formation
EU	European Union
FP	Family Planning
FP/MCH	Family Planning/Maternal Child Health
FPMD	Family Planning Management Development Project of MSH
GOM	Government of Morocco
INAS	National Institute of Health Administration
INTRAH	Program for International Training in Health
JHPIEGO	Johns Hopkins Program for Int'l Education in Reproductive Health
JSI	John Snow, Inc.
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
MSH/FPMD	Family Planning Management Development Project of MSH
MSH/MT	Management Training Program of MSH
MTDS	Morocco Trade and Development Services
NGO	Non-Governmental Organization
NTCRH (CNFRH)	National Training Center for Reproductive Health
OB/GYN	Obstetrics/Gynecology
RH	Reproductive Health
SOMARC/FGI	Social Marketing Project of Futures Group International
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TAG	Technical Advisory Group
USAID/Rabat	United States Agency for International Development - Morocco Mission
VSC	Voluntary Surgical Contraception

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The collective sharing of efforts, information, hospitality, and commitment have made the work on this assignment a particularly productive experience. We look forward to a continued collaboration which will bring to life the plans outlined in these pages.

PREFACE

This report represents a small part of the activities under USAID's strategy for transition in its funding of health and population programs in Morocco, as articulated in the document Implementation Priorities for USAID/Morocco's Population/Health Transition Plan. Specifically, the transition plan states that "... under a current Management Sciences for Health Family Planning Management Development Project (MSH/FPMD) buy-in the CNFRH will receive technical assistance in the development and launch of marketable products and/or services. This effort also includes support for financial management, program planning and cost projections, in an effort to transform the CNFRH into a self-financing, viable, market-oriented center for RH training. This work should be completed in 1998."¹

This report represents "work in progress" as of March 10, 1997 in support of two major areas of activity of USAID/Morocco's bilateral health/family planning program:

- 1) Institutional sustainability analysis, planning and technical assistance to Morocco's National Training Center for Reproductive Health (NTCRH), including its contribution to the national family planning/reproductive health program. The purpose is to assist the NTCRH in becoming self-sustaining and independent of direct USAID funding. The NTCRH draft sustainability plan shows the steps taken to date, preliminary conclusions, and proposed next steps (see Appendix A)
- 2) Management training capacity development with the Moroccan National Institute of Health Administration (INAS).

The activities explained in this report are not an end in themselves. They are intended to pursue strategic directions which will enable NTCRH and INAS to provide sustainable support for the national program in family planning and reproductive health under conditions of changing dynamics and donor funding in health services delivery and financing. The work will continue to evolve during subsequent phases of the assignment.

The critical criteria for choosing among the possible strategic directions, as much for the national program as for NTCRH and INAS, include:

- Contribution to achievement of national reproductive health goals
- Contribution to quality improvement and quality assurance in reproductive health services
- Contribution to NTCRH's programmatic, financial, and organizational sustainability
- Contribution to the continued development of NTCRH and INAS as training providers and training capacity builders
- Realistic assessment of the feasibility of the strategic direction based on the current expertise and reputation of NTCRH and INAS

1. Implementation Priorities for USAID/Morocco's Population/Health Transition Plan, January 1997, pp20-21.

INTRODUCTION

To understand the rationale for this specific work, it is important to establish the appropriate context. First, the FP/RH program of the Government of Morocco is very broad, supported by general policy guidelines of the King, and includes programs in both the public and private sectors. The primary responsibility for service delivery rests with the MOPH. The private sector also provides some services. Some training responsibility for physicians falls under the Ministry of Education through the university faculties and the university teaching hospitals. Within the MOPH, the primary program responsibility resides in the DP, while training, facilities, and some other program elements are the responsibility of other units of the Ministry.

Second, as a long-time donor supporter of the health/population programs of the Government of Morocco, USAID wishes to accomplish the programmed phaseout of bilateral assistance by helping the national program achieve a maximum capacity for sustainability without USAID assistance. The transition plan has been prepared as a framework for putting a strong focus on capacity building during the period 1996-99.

“The USAID Transition Plan (Revised April 1996) represents an agreement between USAID/Washington and USAID/Morocco concerning the orientation of USAID assistance to the population /health sector in Morocco during the 1996-99 period, under USAID's last bilateral population/health project (Phase V) with the Government of Morocco (GOM). The Plan mandates that USAID place greater emphasis on activities and interventions which build and reinforce the GOM's capacity to decentralize and to sustain family planning and maternal and child health (FP/MCH) service delivery programs which have benefitted from USAID assistance for over 25 years.

Furthermore, the Plan is based on the premise that, given USAID's imminent departure from bilateral population/health assistance in Morocco, there is a need to:

- consolidate and secure the impressive gains in the population and health sector over the past 25 years;
- respect and promote the sector goals reflected in the existing agreements with the GOM; and
- strengthen the capacity of the public and private sectors to provide vital FP/MCH services that satisfy the current unmet demand and sustain demand into the twenty-first century.”²

2. “Implementation Priorities for USAID/Morocco's Population/Health Transition Plan”, January 1997, p. 5

“Implementation Priorities for USAID/Morocco's Population/Health Transition Plan” focuses on four areas of Intermediate Results:

- “I. Greater access to quality family planning/maternal and child health (FP/MCH) services responsive to client demand
 - II. Improved policy environment supporting the expansion of FP/MCH services
 - III. Reinforced capacity to manage FP/MCH programs in a decentralized demand-driven mode
 - IV. Increased diversification of the resource base financing the delivery of FP/MCH services.”³
- This work with NTCRH and INAS is in the “Training and Continuing Education” subsection of section “III.D. Strategy, Activities, and Participants” of Intermediate Result III.

In its transition plan, USAID/Rabat has focused on the importance of institutional development in continuing the success of the national family planning program. As the MSH team began to explore the issues surrounding sustainability for the NTCRH, it became clear that the sustainability of the NTCRH was a part of an overall effort already underway by other USAID-funded organizations and the MOPH to develop and expand the capability of national training institutions to effectively support the national program. Heads of other training organizations, such as the medical schools and maternity hospitals, have expressed their commitment to taking on specific additional roles in training in reproductive health services.

While a sustainable NTCRH is a key element of a dynamic national program, coordinated programs by other training institutions are also needed. The MOPH and USAID have made a considerable investment in the development of the OB/GYN training programs in the Souissi Maternity Hospital and the Faculty of Medicine in Casablanca and have begun to explore some of the strategic linkages among these faculties, the MOPH, and INAS. A curriculum development committee has brought together senior staff from the three OB-GYN faculties in a successful activity which has a potential to become a building block for future collaboration in the areas of regional training and supervision. USAID has strongly supported this initiative.

The core focus of this report is on the sustainability activities of NTCRH with a related focus on the capacity building activities of INAS. While these activities are to be supported by USAID through 1998, the framework presented in this report might also be useful to government agencies, NGOs, other donors and collaborating agencies (CAs) in their work in building capacity for reproductive health training across a wide spectrum of Moroccan organizations.

Since the early 1980's, the NTCRH, under the leadership of Professor M.T. Alaoui, has played an important role in the introduction and training of health professionals in voluntary surgical contraception (VSC) programs and other family planning methods. The NTCRH has worked with the MOPH to implement the decentralization of the VSC program, and to provide training in other methods of family planning and reproductive health. USAID has provided support for many of the NTCRH's training and development activities over the past 15 years.

3. “Implementation Priorities for USAID/Morocco's Population/Health Transition Plan”, January 1997, pp. 1-2.

With the scheduled phaseout of direct USAID support for the NTCRH, USAID has asked the Family Planning Management Development (FPMD) Project through a Mission “buy in” under PIOT 608-0223 to assist the NTCRH to develop a plan for financial sustainability to permit it to continue to provide high quality training and support for the national family planning program. The sustainability plan is also a way for USAID and the NTCRH to consolidate experience and take advantage of USAID's fifteen year investment in NTCRH in an ongoing manner. The specific elements intended by this assistance are detailed in the Scope of Work (Appendix C).

The Scope of Work focuses primarily on developing a plan for the sustainability of the NTCRH in light of the termination of direct support from USAID/Rabat. This part of the work is scheduled to be completed in three Phases. This report incorporates most but not all of the activities with NTCRH in Phases 1 and 2.

Additional activities in the Scope of Work focus on collaboration in the development of management training programs between INAS and MSH to strengthen the capabilities of INAS in its role in improving management within the MOPH.

The Technical Report is split into four sections. The first, National Training Center for Reproductive Health, focuses on the work with the NTCRH. The second, National Institute of Health Administration, focuses on preliminary discussions and planning with INAS. The third outlines Recommendations and Follow on Activities for the first two sections. All three of these sections are directly related to the Scope of Work. The final section, Coordination Among Collaborating Agencies, relates to the collaborative working processes among organizations which could effectively facilitate the task work and thus the accomplishment of objectives.

Several appendices are included with the Technical Report. Appendix A is the draft NTCRH Sustainability Plan, which represents “work in progress”. Appendix B is the detailed Workplan 1997-1999. Appendix C is the Scope of Work for the FPMD “buy in.” Appendix D is the list of persons interviewed during the MSH/FPMD team’s visits.

This report is presented as a final report for the work accomplished to date. The recommendations and next steps are consistent with Phase 3 of the Scope of Work. To be successful, the implementation steps in the third phase require the collaborative participation of the principal partners - NTCRH, INAS, USAID/Rabat, and key officials at the MOPH.

TECHNICAL REPORT

National Training Center for Reproductive Health (NTCRH)

1. The Critical Components of a Sustainability Plan

One of the principle strategies of the USAID transition plan is to develop institutional capacity. Developing a Sustainability Plan for the NTCRH is a key element of this strategy. The sustainability of the NTCRH and other institutions could have critical implications for the national program.

First, in order to achieve sustainable training capacity, all existing training resource capabilities in the country should be mobilized, coordinated, and focused on meeting the national FP/RH program's service delivery goals. This objective may well be assisted through formation of a Technical Advisory Group (TAG) with a broad mandate to advise the MOPH and mobilize resources effectively.

Second, collaborative efforts among Moroccan training organizations are likely to yield significant results, both within specific clinical areas, and between clinical and management and financial areas. For example, the European Union (EU) is funding development of MOPH management training through INAS. A collaborative relationship among NTCRH, INAS, and other training institutions may well attract EU and other donor support.

Third, selected new initiatives may yield positive results by more efficient use of existing resources and by attracting new resources. For example, the South-to-South initiative supported by the Rockefeller Foundation might well support innovative clinical and management training programs.

Fourth, sustainability planning should take place on a 5-10 year time horizon for gradual introduction and experimentation with new approaches, although current opportunities should be seized immediately. Thus, institutional capacity building should be viewed in a dynamic rather than a static framework.

2. Developing a Plan for NTCRH Sustainability

The draft sustainability plan for the NTCRH, including the methodology used, is incorporated as Appendix A. In order to prepare this plan the MSH/FPMD team worked with the NTCRH staff, the principal client for this activity, and its director, Professor M.T. Alaoui. The team's preliminary activities involved reviewing documents supplied by USAID and NTCRH. The team then met with Professor Alaoui in early September 1996 at MSH/Boston for two days of intensive discussions.

A two-week visit in November by members of the MSH/FPMD technical team built on these discussions. During this visit the team conducted interviews with MOPH and other key leaders in the medical profession in Morocco. Using the findings from these interviews and the SWOT (strategic planning exercise to identify strengths, weaknesses, opportunities, and threats) analysis conducted in Boston with Professor Alaoui, as well as other information on current trends affecting medical manpower, MOPH operations, family planning and reproductive health services in Morocco, the team and the NTCRH director and staff evaluated and selected strategic initiatives.

During a second visit to Morocco in February 1997, the four major partners in this work (NTCRH, INAS, MOPH, and USAID/Rabat) gave feedback to the FPMD/MSH team on changes needed to improve both the content and the context of this report. This report now reflects these inputs. Also during the second visit the FPMD/MSH team began collaborative efforts with Working Groups made up of NTCRH and INAS staff which were formed to carry out the activities in this report.

The USAID staff provided valuable insights into the complex issues involved in managing the USAID portfolio in family planning and health, as well as the framework and steps for the transition in USAID funding from assistance in service delivery to institutional capacity building for long-term sustainability. The findings and recommendations in this report are consistent with the objectives of the USAID transition strategy.

If these recommendations are pursued in a timely manner, the NTCRH should be able to operate on a self-sustaining basis without direct USAID support. However, a key element in the sustainability will be contracts for projects and specific training programs funded by other donors and by USAID, such as the JSI and SOMARC/FGI initiatives to train private sector doctors. These contracts for training are able to function in parallel with other initiatives to increase the training capacity of the national program.

3. A Model for Sustainable Institutional Development

Work with other key training institutions could be based on the work with the NTCRH in assisting it to become sustainable, and in supporting the national program after the transition period. As readers examine this report and Appendix A in particular, it is important to remember that this work also represents a generic model for the development of a plan for institutional sustainability.

Our methodology has six basic steps:

1. It establishes the criteria for institutions to select strategic directions. In the case of the NTCRH, these criteria will probably be similar for other training institutions in Morocco: activities must contribute to the achievement of national reproductive health goals; activities can be maintained with available resources; activities improve quality of reproductive health services; and finally that activities further develop the capacity of the institution to achieve its overall mission.
2. It examines the driving forces which will have an important impact on the institution in the future. Much of the analysis that was performed for the NTCRH will be applicable to other institutions.
3. It identifies and assesses the organizational issues that will influence the way the institution carries out and implements its activities.
4. It looks at the advantages and disadvantages of pursuing realistic strategic objectives.
5. It puts the information obtained in the four previous steps together to identify areas for new program development and to assess the key issues, existing and new expertise required by the institution, and strategic relationships that can be developed with collaborators.
6. It produces a list of recommendations that can be undertaken by the institution to implement changes that will help it become sustainable in the future. These recommendations are translated into an Implementation Plan.

4. Summary of NTCRH Capabilities and Activities

The NTCRH has played many leading roles in support of the Moroccan national program, starting with the development and introduction of VSC training in the early 1980s. It took the lead in training in all methods of family planning, including local anesthesia for VSC procedures, as well as contributing to the development of national policies and strategies in family planning and reproductive health. Since the late 1980's, it has assisted the MOPH with many aspects of the development of the provincial training centers, and provided other technical support on issues of training and quality assurance. The NTCRH has conducted international training programs, primarily for doctors and nurses from Francophone Africa and the Middle East, and has maintained high level professional contacts with leaders in the reproductive health field in many countries. The NTCRH has a professional medical staff (professors and assistants) of 15, plus 15 senior medical students, in addition to nurses and anesthetists at its center at the Maternité des Orangers. Recently, it has conducted IUD training for private doctors in Sale and Agadir. The staff at NTCRH are experienced in all methods of family planning and operate in flexible yet disciplined and highly professional teams.

Given the NTCRH's strength in clinical training and service delivery, commitment to quality of training and services, and established capacity, there is strong reason to believe that the NTCRH can adjust to changing funding patterns when USAID core funding ceases. However, this will require immediate and sustained action on at least several of the recommended initiatives. The director and staff at the NTCRH are well aware of changing circumstances and the need to adapt to changing funding and to develop new opportunities in support of the MOPH program in family planning and reproductive health. Because staff salaries and hospital operating costs are paid by the government, core funding for the NTCRH is relatively stable and sustainable. Additional costs related to specific training programs, which USAID has supported in the past, will need to be generated by the NTCRH as USAID core funding is reduced.

The NTCRH has established training and supervisory capacity, but new organizational and institutional mechanisms and relationships will be required for the NTCRH and other training institutions to continue to support the training and supervision of the national program. There is a strong need for the training roles and responsibilities of the NTCRH and other training institutions to be clarified, coordinated, and mobilized in support of the national program's service delivery goals. A technical advisory group chaired by the MOPH and including the key leaders in the FP/RH field, both public and private, could be formed for this purpose.

The NTCRH is part of the MOPH, and also works closely with the Ministry of Education for its medical training programs. It is legally established as a university teaching hospital, which allows it certain flexibility in contracting to provide services. Similar flexibility is allowed to other university teaching hospitals.

National Institute of Health Administration (INAS)

The Scope of Work for FPMD/MSH work with INAS states: “Institutional capacity development is an essential input to a sustainable, quality program. As such, it is also a major element of USAID's transition planning support to the health/family planning sector, as evidenced by the bilateral project's efforts in intra-ministerial linkages for training development, implementation and monitoring, and in the development and implementation of management systems. One aspect of these efforts will support the development of the capability to design and offer management training to public health managers (and perhaps international participants) in specific areas of management needs.” The Scope of Work also references identifying management training requirements with INAS and collaborating with INAS in building capabilities for relevant curriculum development.

During the two visits to Morocco by the FPMD/MSH team the work with INAS focused on developing strategic directions to support INAS’s management training efforts. During the second visit, NTCRH and INAS decided to establish a partnership to utilize their collective capabilities to develop and launch training courses and training capacity building initiatives. As well, INAS became an important partner in the Working Groups developed to carry out the activities of the Workplan, 1997-1999.

Recommendations and Follow-on Activities

Based on the work with the NTCRH and INAS to date, the team has proposed a number of recommendations and follow-on activities. These recommendations and follow-on activities are the basis for the Workplan 1997-1999 in Appendix B.

Recommendations

Work collaboratively with colleagues at NTCRH and INAS to:

- I. Develop the capacity of NTCRH as a sustainable organization which supports the Moroccan National Program
 - A. Develop NTCRH as a training provider and training capacity builder for the private sector in Morocco
 - B. Develop NTCRH as a training provider and training capacity builder for the public sector in Morocco
 - C. Develop NTCRH's capacity to manage its expanded and diversified activities
 - D. Develop NTCRH's capacity to market its expanded and diversified activities
 - E. Develop new areas of technical expertise within NTCRH, building on current capabilities
 - F. Develop NTCRH as a training and consulting provider and training capacity builder for Francophone Countries
 - G. Develop within NTCRH an internalized, demand-driven, continuous strategic management process which reinforces its capacity for sustainability
- II. Develop an NTCRH / INAS partnership which benefits both institutions
 - A. Develop written guidelines and procedures for the partnership
 - B. Develop initiatives that link clinical and service delivery management training
 - C. Develop South to South Initiatives
- III. Develop capacity building strategic linkages between NTCRH, INAS, MSH's Management Training Program, MSH's regional training partners, and other collaborating institutions
 - A. Develop a program of a capacity building exchange of trainers for Moroccan, regional, and US courses
 - B. Develop collaborative courses between NTCRH, INAS, and MSH for Morocco and the region
 - C. Develop guidelines for collaboration among NTCRH, INAS, MSH and other organizations on planning, operationalizing, and financing joint initiatives

Follow-on activities for 1997

The activities and personnel proposed below are illustrative and need to be modified subject to timing and the most efficient use of MSH, NTCRH, INAS, and other staff. These activities may also be modified based on working relationships established with other expert institutions both within Morocco and outside.

- Setup and operationalize key Working Groups with responsibility for carrying out specific activities in the Workplan (e.g. Private Sector Working Group, South to South Working Group, NTCRH / INAS Partnership Working Group, Administration Working Group, etc.). These Working Groups should include staff from NTCRH, INAS, MSH, other Moroccan organizations, and other CAs as necessary to address key issues and undertake activities in an ongoing manner.
- Three to four technical assistance assignments between January and December 1997 by Jan Hoey, Charlie Stover, Jim Wolff, Sylvia Vriesendorp, Marianne DiMascio, and other MSH staff to collaborate with the Working Groups on Workplan activities IA, IC, ID, IE, IF, IG, IIB, IIC, IIIA, IIIB, and IIIC.
- On-going work by Jan Hoey, Charlie Stover, Jim Wolff, Sylvia Vriesendorp, Marianne DiMascio, and other MSH staff on a regular basis to collaborate with the Working Groups using the new NTCRH and INAS communications infrastructure to develop a cooperative and effective teamwork from a distance model. This will allow continuous collaboration while MSH/FPMD team members are in Boston.
- One or more technical assistance visits by MSH staff in collaboration with other CAs, such as INTRAH and JHPIEGO, to coordinate CA efforts.

Coordination Among Collaborating Agencies

In addition to the mechanism which could be established by the government for coordinating training programs for the national program (TAG), the collaborating agencies listed in the USAID Implementation Priorities have a strong responsibility to coordinate their activities closely. This coordination will make it easier for both the MOPH and USAID to assure that scarce resources are used to maximum effect in strengthening the national program. Further, close coordination will make it easier for the different government departments to coordinate their own activities.

To date, the MSH/FPMD team has received important input from both the JSI and SOMARC staff in preparing this strategy. In addition, the MSH/FPMD, JHPIEGO, and PRIME team representatives have met and pledged to assure close coordination. It is anticipated that similar coordination can be achieved among all the collaborating agencies.

As a step to facilitate this coordination, it is recommended that all the government units involved in the USAID Transition Plan, plus all the collaborating agencies, establish effective E-Mail communications as a means to facilitate easy exchange of ideas and documents and to build an effective cooperative working network.

Appendix A:
NTCRH Sustainability Plan
“Work in Progress”

APPENDIX A- NTCRH SUSTAINABILITY PLAN

The elements of the sustainability plan for the NTCRH were developed using the methodology described below. This methodology includes the seven steps followed in working with the staff of the NTCRH, MOPH officials, and leaders of other training institutions. While this plan was developed specifically for the NTCRH, the methodology can be adapted to lay the groundwork for sustainability planning for other training institutions. Many of the elements of this methodology, such as the criteria, driving forces and future scenarios, can be adapted to other types of institutions with moderate adjustments. This plan should be considered as a “work in progress.” The plan represents the steps taken to date and preliminary decisions. The specifications will also be determined by the working groups.

Methodology

The project to date covers Phases 1 and 2 of the scope of work for the NTCRH. The first phase had two main pieces: the MSH technical team reviewing the background documents and then working with Professor M.T. Alaoui at the MSH offices in Boston, MA on September 4 and 5, 1996. During that meeting, the team conducted a SWOT analysis of the NTCRH, reviewed the current situation regarding reproductive health services in Morocco, and discussed potential changes in the external environment. The team also brain stormed strategic directions.

The next step included a trip to Morocco by the MSH team. Mr. Stover and Mr. Hoey were in Morocco from October 27 through November 8, and were joined by Dr. James Wolff on November 2. During this period, the team met with many officials from the following institutions: USAID/Rabat, the MOPH, the NTCRH, several faculties of medicine and maternity hospitals, and other Moroccan leaders in the reproductive health field. The third step was a trip to Morocco by Mr. Stover and Mr. Hoey from January 26 through February 8. During that trip, Working Groups began operation, and the draft report and action plan were revised.

The following steps were followed in order to draft a sustainability plan for the NTCRH, using information from the Boston working session, relevant documents, interviews, and working sessions with key staff:

1. **Criteria for Selecting Strategic Directions:** These criteria were used in determining the relative priorities of the possible strategic directions.
2. **Driving Forces:** These forces are considered the determinants of the environment in which the MOPH, the NTCRH, and USAID will operate.
3. **Organizational Issues:** These issues help establish the context for the decision-making and operational structures within which the NTCRH program will operate.
4. **Strategic Directions:** Strategic directions, or possible initiatives of the MOPH, NTCRH and other organizations in reproductive health, were determined, and then judged according to the Criteria.
5. **New Program Development within NTCRH:** Initiatives judged to be most promising in the previous step were analyzed in terms of key issues, current expertise, new expertise, and possible collaborating agencies.

6. **NTCRH Sustainability Implementation Plan 1997-1999:** Proposed actions in each of the strategic directions, consistent with the recommendations. These actions will evolve based on the activities of the Working Groups.

7. **Budget Model:** An Initial Draft Budget Model was developed as a starting point for exploring alternative training delivery models which are financially and programmatically sustainable. This model can serve an initial guide for determining the revenue and cost factors involved in a financial break-even analysis for training of private doctors by the NTCRH. This budget model can be used to stimulate planning of alternative training delivery models.

8. **Scenarios for Year 2006:** Three different scenarios for key factors in the health care system were established for the year 2006. These were used as a background check for the viability of the strategies developed for NTCRH sustainability.

1. Criteria for Selecting Strategic Directions

The criteria were developed to include the most relevant factors for both the national program and the NTCRH. They were used in the assessment of the advantages and disadvantages of the strategic directions.

- a. Contribution to achievement of national reproductive health goals
- b. Contribution to the NTCRH's programmatic, financial, and organizational sustainability
- c. Contribution to quality improvement and quality assurance in reproductive health services
- d. Contribution to the continued development of NTCRH as a training provider and training capacity builder
- e. Realistic assessment of the feasibility of the strategic direction based on the current expertise and reputation of the NTCRH

2. Driving Forces

The driving forces were developed by the team in discussions with key persons, as well in reviewing important documents. These forces are considered determinants of the environment in which the MOPH, USAID, and the NTCRH will operate. The "Forces" include both elements of change and current conditions.

2. Driving Forces

CATEGORY	ELEMENTS OF CHANGE
Donor Support	<ul style="list-style-type: none"> • Programmed reduction and phaseout in USAID funding • Increasing competition for donor funds for training: MOPH (Directions de PF, Formation; INAS), maternity hospitals, medical facilities • Possible increase in other donor funding: e.g. EU, JICA • World Bank health sector project due to be released soon
Medical and Health Manpower	<ul style="list-style-type: none"> • Proposed revisions in medical school curriculum may eventually reduce demand for in-service training • Steady shift of doctors to private sector (especially specialists, but also general practitioners) • Little or no quality assurance in private sector • Proposal to recertify each doctor every ten years • Private (and public to some extent) physicians concentrated in urban areas (especially Rabat and Casablanca) • Proposed increase in number of doctors: opening of two new medical schools • Nurses and paramedics play an important role in FP program • Many private doctors not trained to play role in FP programs at present • Economic pressure (temptation) on (for) government doctors to have private practice, sometimes using government facilities

CATEGORY	ELEMENTS OF CHANGE
Government Strategies	<ul style="list-style-type: none"> • Shift toward regionalization of health services management and training: deconcentration, integration of services, replacement of vertical programs • Low comparative salaries of government health workers, particularly doctors • Possible overstaffing of certain government facilities and programs • Desire to establish quality and performance standards for both private and public sector health providers • Government currently owns and operates nearly all hospitals and other health facilities, and all medical schools, but this may change • Experimentation with increased autonomy for government hospitals • Increasing priority of services in rural areas • Potential for policy shift toward greater role for private sector in urban areas
Family Planning Trends	<ul style="list-style-type: none"> • Policy shift toward expansion of availability of longer-term methods (IUDs, injectables, VSC) • Sophisticated consumers, at least in urban areas, resulting in pressure to meet unmet demand for high-quality family planning services • Need to assure appropriate training and maintain quality standards while increasing the number of trained providers • Likely to be greater role for private providers in FP at least in urban areas
Other Factors	<ul style="list-style-type: none"> • Pressure from government hospitals for some form of health insurance to supplement tax revenues and fees • Likely demand by private doctors for managed care health insurance which covers outpatient services as well as hospitalization • Increased autonomy (fiscal and administrative) for government hospitals, especially in urban areas

3. Organizational Issues

Capacity Development Focused on Impact on Clients

Any effort at increasing the capacity of an institution should be linked to the impact on clients. Training should focus on achieving maximal impact on service delivery: meeting unmet demand with high-quality services.

- A. Priorities should be based on expected impact on services and clients
 - 1. Meeting unmet demand
 - 2. Providing affordable and accessible services
- B. Sustainability development—mobilization and focusing of existing resources: incremental addition of outside assistance
- C. Preparing the institution to change with the times: new methods, new information, and new training techniques;
- D. Integration of training with social marketing, product logistics
- E. Donors providing selective support, not acting as driving forces

Institutional Collaboration and Mobilization for Clinical Training

The national program needs MOPH leadership for effective collaboration and mobilization of resources in clinical training for reproductive health. The NTCRH has provided some of this leadership in the past, and other institutions have joined the NTCRH in supporting the national program. The MOPH should take the lead in organizing and supporting a process and system for coordinating clinical reproductive health training. This group would:

- A. Establish communication and collaboration between key institutions and individuals
- B. Develop policies, strategies, and training priorities
- C. Provide capacity assessment, capacity building, and assignment of responsibility and workload, with a focus on clinical training in reproductive health services.

A precedent for this type of collaboration has already been set with the development of the working group for revising the medical school curriculum for reproductive health services.

The NTCRH

The NTCRH has always responded to the needs of the national family planning program. In the current period of transition, the NTCRH has been changing in an effort to continue to provide continued support to the national program. These changes are evident in its broader focus, the evolution in its training strategies, and in its current effort to take on new and different activities. The mission statement and training strategy stated below are in draft form for NTCRH review. They were drafted by the team based on discussions with NTCRH.

- A. New Mission Statement (Draft)
A sustainable institution which is a leader, a catalyst for change, and a capacity builder in training clinical professionals to deliver quality reproductive health services in Morocco and the region.
- B. Place in the National Program
 1. One of many training centers
 2. Part of an overall strategy to provide clinical training in reproductive health along with other institutions
 3. Need TAG to provide coordination, division, and assignment of responsibility for training
- C. Training center in all methods of FP/RH serving the public sector to a center that trains in all clinical methods in all sectors
 1. Assistance to MOPH in 40 provincial centers
 2. Regionalization
 3. Integrated rather than vertical programs
 4. Multi-disciplinary capacity: strong senior and junior faculty, also senior students
 5. Private sector, along with public sector providers: Sale, Agadir training sessions
 6. Different training models/sites
 - a. at Maternité des Orangers
 - b. at local sites, using local program facilities
 - c. training of trainers: support and assistance
 - d. links with private doctor “syndicats”
 7. Multiple facets of sustainability
 - a. tuition fees; private, public (investigate feasibility)
 - b. selected outside support: special projects, training, research, new approaches
 - c. multiple funding sources
 8. Capacity within the NTCRH
 - a. able to manage current and increased efforts with existing resources
 - b. new initiatives need new collaborators and targeted support
 - c. finance and administration: need to review and strengthen in light of multiple sources of funding and additional simultaneous tasks

4. Alternative Strategic Directions for the Future

	STRATEGIC DIRECTION	ADVANTAGES	DISADVANTAGES	COLLABORATORS
A	Regional Training and Consulting Center for Francophone Africa a. In Morocco b. In Host Country	<ul style="list-style-type: none"> • Facilities, staff in place • International reputation • Possible to generate operating \$ • Training closer to situation • Possible to generate operating \$ 	<ul style="list-style-type: none"> • Uncertain/decreasing funding • May need more management and marketing capacity • Competition well established • Logistics/travel difficult • Uncertain/decreasing funding 	South to South, INTRAH, International Organizations, Tunis, Dakar, JICA, GTZ
B	Train Doctors in IUD, Injectables, VSC, Reproductive Health Modules, etc. a. Private Sector Doctors b. Public Sector Doctors, Nurses, Anesthetists	<ul style="list-style-type: none"> • Consistent with GOM national plan • Opportunity to improve quality • Large, known market • Potential to generate tuition \$ • Marketing effort and donor seed \$ in place • Same training curriculum for all doctors, but adapted for schedule and location preferences 	<ul style="list-style-type: none"> • May require increased training, management, and marketing capacity for dispersed training • Possible competition between public and private sectors 	JSI, SOMARC, Local/National Medical Societies, Medical Faculties
C	Continuing Education of Public and Private Sector Doctors in Reproductive Health	<ul style="list-style-type: none"> • Significant demand for training • Opportunity to improve quality nationally 	<ul style="list-style-type: none"> • Requires passing and implementing the continuing education law, which is now uncertain 	Local/National Medical Societies, Medical Faculties, Division de Formation

	STRATEGIC DIRECTION	ADVANTAGES	DISADVANTAGES	COLLABORATORS
D	Cooperate with DP, Division de Formation, other Maternities, other Faculties on clinical training <ul style="list-style-type: none"> a. VSC/Laparoscopy b. Other Methods-IUD, Injectables, NORPLANT 	<ul style="list-style-type: none"> • Fosters national goals • Maintains Center as leader in the field of quality 	<ul style="list-style-type: none"> • Limited income potential • Limited income potential 	DP, Division de Formation, Maternities, Medical Faculties
E	Provide Training in Mini-Lap for Ob/GYNS and General Surgeons	<ul style="list-style-type: none"> • Fosters national goals • Increases access to VSC • Lowers cost of VSC 	<ul style="list-style-type: none"> • Unacceptable in Morocco? 	DP, Division de Formation, Maternities, Medical Faculties
F	Play a Leading Role in Research and Technical Advice on New Contraceptive Methods	<ul style="list-style-type: none"> • Maintains leadership in field of family planning • Maintains emphasis on quality 	<ul style="list-style-type: none"> • Uncertain funding • Requires additional research capacity and expertise 	Foreign research organizations
G	Play a Role in Innovative Approaches/ Methodologies for Clinical Training (Video, Distance Learning, Simulation)	<ul style="list-style-type: none"> • Maintains leadership in FP training field • Broadens reach of training 	<ul style="list-style-type: none"> • Uncertain funding • Requires additional training expertise 	INTRAH, MSH, INAS, Division de Formation
H	Play a Role in Medical/Hospital Management Training in Collaboration with Other Organizations	<ul style="list-style-type: none"> • Large need for management training 	<ul style="list-style-type: none"> • Uncertain funding • Need to develop management training capabilities 	INAS, MSH, INTRAH, Division de Formation
I	Play a Role in the Study of Cost-Effective Delivery of Services	<ul style="list-style-type: none"> • Increases access to services 	<ul style="list-style-type: none"> • Uncertain funding • Requires development of analytic capabilities 	DP, INAS, International organizations

5. New Program Development within NTCRH

AREA	KEY ISSUES	CURRENT EXPERTISE	NEW EXPERTISE	COLLABORATORS
Strengthen Capacity as International (Francophone Africa) Training Center in Reproductive Health	<ul style="list-style-type: none"> • Build upon prior expertise and reputation as regional VSC training center • Training to include all FP methods in context of reproductive health • Needs assessment and contact with regional collaborators/competitors • Utilize proven current expertise • Develop alternative models: in Morocco; in host country; and technical assistance 	<ul style="list-style-type: none"> • Previous experience as training center for all methods • Full range of activities • International reputation and contacts • Experience with “on site” and “remote site” training 	<ul style="list-style-type: none"> • Different models of collaboration with other institutions • Linkages to new strategies listed below 	MOPH, DP, MSH, INTRAH, Tunis, Dakar, Lome, Rockefeller (South to South), EU, JICA, GTZ
Train Doctors in Long-Term FP Methods a. Private Doctors b. Public Doctors	a. Private doctors <ul style="list-style-type: none"> • IUD Training • Negotiations with JSI for training specific number of private GPs • Surveys to determine specific organization, location, schedule of programs • Charge tuition • Develop schedule for 1997 training programs • Link to logistics supply by JSI and social marketing by SOMARC • Explicit roles and targets for other training institutions b. Public doctors, nurses, other professionals <ul style="list-style-type: none"> • Utilize same training modules • Determine training priorities, timing, and location based on MOPH priorities • Investigate the possibility of the MOPH paying tuition fees based on negotiated amounts for specific training deliverables • Explicit roles and targets for other training institutions 	<ul style="list-style-type: none"> • Strong expertise with present staff • Capable of managing training logistics • Current experience with training programs for: <ul style="list-style-type: none"> • Private doctors in Sale and Agadir using collaborative model • Public doctors, nurses, and other professionals 	<ul style="list-style-type: none"> • Need coordinating structure under MOPH, including all training facilities (medical faculties, maternity hospitals, other) • Need to determine needs for other training programs (injectibles, NORPLANT) within overall MOPH strategy 	MOPH, DP, JSI, SOMARC, Medical Faculties, Maternity Hospitals, Regional MOPH, Public Health Network, Private doctor “syndicats,” Medical associations

AREA	KEY ISSUES	CURRENT EXPERTISE	NEW EXPERTISE	COLLABORATORS
Research and Technical Advice on New Contraceptive Methods	<ul style="list-style-type: none"> • Experience with all methods of FP and RH interventions • Linkages to development of new methods • Field-based research in Morocco • Collaboration on testing of new methods 	Strong expertise in present staff	Possible linkages to other research institutions	MOPH, Medical Faculties, INAS, Foreign Research Organizations, Maternity Hospitals, DP
Innovative Approaches for Clinical Training (Video, Distance Learning, etc.)	<ul style="list-style-type: none"> • General Internet and e-mail capabilities • Electronic linkages to specific international centers • Collaboration on development of new techniques • Experience in development and use of wide variety of methods 	<ul style="list-style-type: none"> • Limited current expertise 	Need outside expertise	MOPH, DP, INAS, Division de Formation, MSH, INTRAH, Other established international groups
Medical/Hospital Management in Reproductive Health	<ul style="list-style-type: none"> • Must use “problem solving” approach: key clinical focus on reducing maternal mortality • Ability to identify key problems in management of RH services in public and private sectors • Tools for diagnosing and solving problems • Ability to introduce improved methods into daily operations • Ability to prepare relevant training (academic and practical) for managers at different levels 	Some good expertise in this area	Need additional expertise	MOPH, DP, INAS, MSH, INTRAH, Foreign Collaborating organizations (INAS linkages) with INAS
Study of Cost-Effective Delivery of RH Services	<ul style="list-style-type: none"> • Understanding and experience in techniques of cost-effectiveness analysis • Access to service and cost data in various service locations • Ability to summarize and disseminate findings • Ability to influence training and service programs toward most cost-effective methods 	<ul style="list-style-type: none"> • Extensive clinical expertise • International exposure and contacts 	Need to build linkage with economic analysis capability	MOPH, DP, Economics faculty, MSH, INAS, other international research centers

6. NTCRH Sustainability Implementation Plan 1997-1999

The activities proposed in the NTCRH Sustainability Implementation Plan 1997-1999 are contained in Section I of the Draft Workplan 1997-1999 located in APPENDIX B. Some additional NTCRH sustainability activities are also located in sections II and III of this Workplan.

7. Initial Draft Budget Model For Discussion

This draft budget is only a starting point for exploring alternative training deliver models which are financially and programmatically sustainable. In these alternative models NTCRH can play a role in training delivery as well as a role in building training capacity.

TRAINING COURSE: IUD Insertion

TARGET GROUP: Private Sector Physicians

COURSE DURATION: 7 days (2 days theory, 5 days practicum)

REVENUE PER COURSE		
Tuition (15 participants @ 1500DH/participant)		22,500Dh =====
COSTS PER COURSE		
Preliminary Visit (By NTCRH to potential area)		
Salary Supplement (1 trainer @ 100Dh/day x 2days)	200	
Travel (1000 Dh/trip + 1 day salary supplement @ 100Dh/day)	1100	
Per Diem (3 days @ 800Dh/day)	<u>2400</u>	
Sub-Total		3700
Training of Trainers (Participants trained at NTCRH to be local trainers)		
Salary Supplement (2 NTCRH trainers @ 100Dh/day x 2days)	400	
Training Supplies (3 participants @ 100Dh/participant)	300	
Per Diem (3 participants @ 800Dh/day x 2 days)	4800	
Travel (1000Dh/trip + 1 day 100 Dh salary supplement x 3 participants)	<u>3300</u>	
Sub-Total		8800
Theoretical Training (By NTCRH trainers at local area)		
Salary Supplement (2 NTCRH trainers @ 100 Dh/day x 2 days)	400	
Salary Supplement (2 local trainers @ 100 Dh/day x 2 days)	400	
Travel (2 NTCRH trainers @ 1000Dh/trainer + 1 day 100 Dh salary supplement x 2 trainers)	2200	
Per Diem (2 NTCRH trainers @ 800Dh/day x 2 days)	3200	
Training materials and supplies (15 participants x 100Dh/participant)	1500	
Training Facility (2 days x 200Dh/day)	400	
Coffee Breaks (20 people x 40 Dh/day x 2 days)	<u>1600</u>	
Sub-Total		9700

Practical Sessions (Supervised by NTCRH trainers and local trainers)		
Salary Supplement (2 NTCRH trainers @ 100 Dh/day x 5 days)	1000	
Salary Supplement (2 local trainers @ 100 Dh/day x 5 days)	1000	
Per Diem (2 NTCRH trainers @ 800Dh/day x 5 days)	8000	
Local Travel (100 Dh/day x 5 days)	500	
IUDs (15 participants x 5 IUDs/participants x 60Dh/IUD)	4500	
Fongibles (15 participants x 50Dh/participant)	<u>750</u>	
Sub-Total		15,750
Certificate Presentation and Final Evaluation Visit (1 NTCRH trainer and 2 local trainers)		
Salary Supplement (1 NTCRH trainer @ 100 Dh/day x 1 day)	100	
Salary Supplement (2 local trainers @ 100 Dh/day x 1 day)	200	
Per Diem (1 NTCRH trainer @ 800Dh/day x 1 day)	800	
Travel (1 NTCRH trainer @ 1000Dh/trainer)	1000	
Supplies (15 certificates @ 20 Dh/certificate)	<u>300</u>	
Sub-Total		2400
Administration		
Administrative Assistant (1 local assistant x 5 days @100Dh/day)	500	
Communication (training facility prep, coordinate logistics and IEC with practice session centers, etc.)	<u>500</u>	
Sub-Total		1000
TOTAL COSTS PER COURSE		42,750
SURPLUS (DEFICIT)		(20,250) =====

INITIAL START UP COSTS

Models (5 models @ 1000DH/model)		
Films (1 Film @ 1500Dh/film)	5000	
Curriculum/materials development	1500	
Sub-Total	<u>10,000</u>	
		16,500

8. Scenarios for Year 2006

Three different scenarios for key factors in the health care system were established for the year 2006. These were used as a background check for the viability of the strategies developed for NTCRH sustainability.

Scenario #1- Predominantly Government System

CATEGORY	PREVAILING CONDITIONS
Medical and Health Manpower	<ul style="list-style-type: none">• Government salaries increased to attract private doctors back into public system• Efficiencies achieved in staffing and support costs of system• Focused program to assign doctors to posts outside cities• Greater emphasis on recruitment and training of doctors and health manpower in rural areas• Different clinical models used to make maximum use of nurses and technicians under doctors' supervision• Greater flexibility at regional level for programming health resources
Service Delivery Structure	<ul style="list-style-type: none">• Hospitals remain under government control• Continued experimentation in hospital governance and management: autonomy, deconcentration• Medical education and service delivery roles more closely integrated
Financing and Payment for Services	<ul style="list-style-type: none">• Primarily government tax revenues• User fees charged according to ability to pay at all levels of services• Fees collected by institutions, not by doctors• Private doctors on fee for service basis• Medical price increases limited by low level of government charges
Access to Services	<ul style="list-style-type: none">• Government succeeds in making services available to all populations using different models• Some gaps in service in remote areas• Some residual bias toward resources focused in urban areas despite government priorities

Scenario #2- Mixed Government-Private System

CATEGORY	PREVAILING CONDITIONS
Medical and Health Manpower	<ul style="list-style-type: none"> • Current mix of public and private doctors remains • Heavy emphasis of all doctors in urban areas • Strong competition among private doctors • Nurses and technicians more evenly distributed by population • Government focus on rural and peri-urban areas for service delivery and training
Service Delivery Structure	<ul style="list-style-type: none"> • Government operates medical schools and most hospitals • Some hospitals become autonomous with own boards of directors, and some government subsidy • Some private doctors contract with government hospitals for use of government facilities • Some private (for profit and NGO) hospitals are started in urban areas
Financing and Payment for Services	<ul style="list-style-type: none"> • Government system financed through tax revenues, limited health insurance for hospitals, and user fees based on ability to pay • Private services paid for by fees, some health insurance primarily for hospital based services • Some doctors form managed care organizations with insurance companies to offer prepaid health services • Growing gap between prices of private doctors and government services
Access to Services	<ul style="list-style-type: none"> • Some gaps in urban coverage due to private sector focus on ability to pay • Some gaps in rural coverage due to government's limited resources and urban preference of doctors

Scenario #3- Predominantly Private System

CATEGORY	PREVAILING CONDITIONS
Medical and Health Manpower	<ul style="list-style-type: none"> • Shift of doctors toward private sector results in decline of government ability to retain enough doctors, especially specialists • Government system shrinks as services deteriorate, and patients seek alternatives in urban areas • Some private doctors locate in rural areas because of competition in urban areas • Medical standards and quality assurance handled primarily by professional societies
Service Delivery Structure	<ul style="list-style-type: none"> • Many government hospitals are turned over to private groups (for profit and NGO) to operate • Government retains MCH and FP program structure in rural areas • Regional structure becomes a coordinating body for training of private and government providers • New private hospitals are formed
Financing of Services	<ul style="list-style-type: none"> • Government initiates social health insurance program for government workers and those employed in formal sector • Private health insurance developed, primarily to pay for hospital services • Many doctors participate in managed care plans to assure coverage of outpatient services under health insurance • Prices of health services increase rapidly due to health insurance and excess utilization
Access to Services	<ul style="list-style-type: none"> • Many without ability to pay fees or purchase health insurance denied access to services • Free care and bad debt of private providers increases • Rural/urban differential increases as private sector grows in urban areas and government services diminish in rural areas

Appendix B: Draft Workplan 1997-1999

APPENDIX B: DRAFT WORKPLAN 1997-1999

Conceptually this Workplan includes three parts: I) the NTCRH Sustainability Implementation Plan 1997 - 1999; II) an NTCRH / INAS Partnership Implementation Plan for developing an partnership which benefits both institutions; and III) a Strategic Linkages Implementation Plan to develop collaborative efforts among NTCRH, INAS, MSH's Management Training Program, MSH's regional training partners, and other collaborating institutions which increases and leverages the capability of each institution as a training provider and training capacity builder.

The plan includes strategic directions and specific activities for NTCRH, INAS and collaborating institutions. The lead responsibility in most cases will be the NTCRH, NTCRH/INAS, INAS, or MOPH. The support responsibility may be other local Moroccan institutions, MSH/FPMD, and other cooperating agencies such as JSI, INTRAH, JHPIEGO, Management Training Program of MSH (MSH/MT), SOMARC/FGI, etc. The objective is to support local initiatives using focused technical assistance. *This Workplan is a "work in progress."*

	97				98				99				Lead Responsibility	Support Responsibility
STRATEGIC DIRECTIONS	1	2	3	4	1	2	3	4	1	2	3	4		
I. DEVELOP THE CAPACITY OF NTCRH A SUSTAINABLE ORGANIZATION WHICH SUPPORTS THE MOROCCAN NATIONAL PROGRAM														
A. Develop NTCRH as a Training Provider and Training Capacity Builder for the Private Sector in Morocco														
1. Provide IUD Training for Physicians														
a. Develop alternative training delivery models which use NTCRH trainers and develop training capacity in others	X	X											NTCRH	INAS, MSH
b. Develop expense and revenue budgets for delivery models	X	X											NTCRH	INAS, MSH
c. Select a training delivery model to test														
d. Negotiate agreement with JSI / SOMARC (including setting tuition, negotiating tuition subsidy, training goals for the year, the division of responsibilities, financial arrangements, etc.)			X	X									NTCRH, JSI NTCRH, JSI	INAS, MSH INAS, MSH
e. Research geographic markets														
f. Plan annual training schedule	X	X											NTCRH, JSI	INAS, MSH
g. Set up simple financial systems to handle course revenue and expenses			X	X									NTCRH NTCRH	JSI, INAS, MSH INAS, MSH
h. Perform marketing, administration, and training to execute annual training schedule			X	X	X	X	X	X	X	X	X	X	NTCRH	JSI, INAS, MSH
I. Review and evaluate efforts quarterly and redirect modifying the training delivery model		X	X	X	X	X	X	X	X	X	X	X	NTCRH	JSI, INAS, MSH
j. Plan for the next year (including researching geographical markets, negotiating agreement for the phaseout of tuition subsidy, set annual training schedule, etc.)								X				X	NTCRH, JSI	JSI, INAS, MSH

	97				98				99				Lead Responsibility	Support Responsibility
STRATEGIC DIRECTIONS	1	2	3	4	1	2	3	4	1	2	3	4		
2. Investigate demand and develop training in additional reproductive health areas (Injectables, NORPLANT, Reproductive health modules, etc.)														
a. Investigate demand				X	X			X	X			X	NTCRH, JSI	SOMARC, MSH,
b. Select specific clinical areas, develop training delivery models						X	X			X	X		NTCRH	INTRAH
c. Develop curriculum							X	X			X	X	NTCRH	INTRAH, MSH, INAS
d. Set annual training schedules											X	X	NTCRH	MSH, INTRAH, INAS
e. Perform marketing, administration, and training to execute annual training schedule									X	X	X	X	NTCRH	MSH, INTRAH, INAS
f. Review and evaluate efforts quarterly and redirect					X	X	X	X	X	X	X	X	NTCRH	MSH, INTRAH, INAS
														INTRAH, MSH, INAS
3. Provide Recertification Training for Physicians (Timing based on passage of recertification law)														
a. Monitor likelihood of recertification law passing	?				?				?				NTCRH	
b. Assess market needs and possible role of NTCRH		X											NTCRH	JSI, INAS, MSH, INTRAH
b. Identify cooperating institutions			X										NTCRH	INAS, MSH, INTRAH
c. Develop business plan for this market				X	X								NTCRH	INAS, MSH, INTRAH
e. Execute business plan					X	X	X	X	X	X	X	X	NTCRH	INAS, MSH, INTRAH
f. Review and evaluate efforts quarterly and redirect					X	X	X	X	X	X	X	X	NTCRH	INAS, MSH, INTRAH

	97				98				99				Lead Responsibility	Support Responsibility
STRATEGIC DIRECTIONS	1	2	3	4	1	2	3	4	1	2	3	4		
B. Develop NTCRH as a Training Provider and Training Capacity Builder for the Public Sector in Morocco (VSC, IUD, Injectables, NORPLANT, Reproductive Health, etc.)														
1. Develop training priorities with MOPH through Technical Advisory Group (TAG) - contingent upon setup and empowerment of TAG.	?												TAG, MOPH	DP, DF, NTCRH, Maternity Hosps., Medical Faculties, INAS, INTRAH, JSI, AVSC, JHPIEGO, MSH
2. Develop mechanisms with TAG and MOPH for NTCRH's participation in training MOPH personnel	?												TAG, MOPH, NTCRH	
3. Develop training plan with MOPH	?												TAG, MOPH, NTCRH	
4. Coordinate/collaborate with among institutions to implement training plan	?												TAG, MOPH, DP, DF, NTCRH, Maternity Hosps., Medical Faculties, INAS, etc.	INTRAH, JSI, AVSC, JHPIEGO, MSH/FPMD, etc.

STRATEGIC DIRECTIONS	97				98				99				Lead Responsibility	Support Responsibility
	1	2	3	4	1	2	3	4	1	2	3	4		
C. Develop NTCRH's Capacity to Manage Its Expanded And Diversified Activities														
1. Develop simple, appropriate communications infrastructure and communications management skills to facilitate training as well as national and international collaboration														
a. Install first phase e-mail capability	X	X											NTCRH	MSH, MTDS
b. Train personnel and assign initial responsibility for communications		X	X										NTCRH	MSH, MTDS
c. Assess first phase and determine next steps in communications development						X	X						NTCRH	MSH, MTDS
2. Develop simple, appropriate financial systems and expertise to handle multiple funding sources														
a. Clarify legal basis, obligations and required procedures for NTCRH financial operations including annual audit, financial statements, contracts, sub-contracts, receiving/dispensing funds, and establishing bank accounts		X	X										NTCRH	MSH
b. Assess and establish requirements for accounting system including revenue, expenses, billing, and reporting		X	X										NTCRH	MSH
c. Design accounting system													NTCRH	MSH, Local Acc. Firm
d. Implement manual system			X										NTCRH	Local Acc. Firm
e. Select and install off-the-shelf computerized system				X									NTCRH	MSH, Local Acc. Firm
f. Select and train staff					X								NTCRH	Local Acc. Firm
3. Develop simple, appropriate management systems to manage expanded and diversified activities														
a. Develop administrative and logistics procedures for training courses		X	X										NTCRH	INAS, MSH
b. Develop internal systems for project management and control		X	X										NTCRH	INAS, MSH
4. Plan for human and financial resources needed to successfully undertake expanded activities		X		X				X				X	NTCRH	JSI, MSH
a. Develop annual work plan														

	97				98				99				Lead Responsibility	Support Responsibility
STRATEGIC DIRECTIONS	1	2	3	4	1	2	3	4	1	2	3	4		
D. Develop NTCRH's Capacity to Market its Expanded and Diversified Activities														
1. Develop an annual Marketing Plan		X		X				X				X	NTCRH	MSH, SOMARC
2. Procure the initial resources to support the 1997 Marketing Plan		X											NTCRH	MSH, JSI
3. Develop marketing Expertise within NTCRH		X	X	X	X	X	X	X	X	X	X	X	NTCRH	MSH, SOMARC
E. Develop New Areas of Technical Expertise Within NTCRH, Building on Current Capabilities														
1. Build the NTCRH capacity to utilize and disseminate innovative approaches and methodologies for clinical training (Video, distance learning, simulation exercises, etc.)														
a. Investigate strategic alliances and funding potential	X	X	X	X									NTCRH	MSH, INTRAH, JHPIEGO
b. Develop and execute pilot initiatives				X	X	X	X	X	X	X	X	X	NTCRH	MSH, INTRAH, JHPIEGO
c. Assess initiatives and pursue promising opportunities				X				X				X	NTCRH	MSH, INTRAH, JHPIEGO
2. Build NTCRH's capacity to play a role training that bridges clinical skills and service delivery management skills (See NTCRH/INAS partnership in IIB below)														
a. Investigate strategic alliances and funding potential	X	X	X	X									NTCRH	INAS, MSH, INTRAH
b. Develop and execute pilot initiatives				X	X	X	X	X	X	X	X	X	NTCRH	INAS, MSH, INTRAH
c. Assess initiatives and pursue promising opportunities				X				X				X	NTCRH	INAS, MSH, INTRAH
3. Investigate Other potential areas of expertise				X				X				X	NTCRH	MSH

	97				98				99				Lead Responsibility	Support Responsibility
STRATEGIC DIRECTIONS	1	2	3	4	1	2	3	4	1	2	3	4		
F. Develop NTCRH as a Training And Consulting Provider And Training Capacity Builder For Francophone Countries (possible links to IIB. below)														
1. Assess needs of regional organizations and governments	X	X			X	X			X	X			NTCRH	INAS, MSH, INTRAH
2. Develop marketing and program strategies to position NTCRH		X	X		X	X				X	X		NTCRH	INAS, MSH, INTRAH
3. Develop strategies for working with cooperating institutions (local Moroccan, Francophone Africa, others)		X	X	X	X	X	X	X	X	X	X	X	NTCRH	INAS, MSH, INTRAH
4. Develop proposals for funding (e.g. South-to-South Initiative, etc.)		X				X				X			NTCRH	INAS, MSH
5. Market activities within Francophone Africa				X	X	X	X	X	X	X	X	X	NTCRH	INAS, MSH, INTRAH
6. Undertake francophone training and consulting					X	X	X	X	X	X	X	X	NTCRH	INAS, MSH, INTRAH
G. Develop within NTCRH an Internalized, Demand-Driven, Continuous Strategic Management Process Which Reenforces Its Capacity For Sustainability														
1. Monitor and evaluate progress in current strategic directions quarterly				X				X				X	NTCRH	MSH
2. Monitor changes in the external environment and the internal organization to discover new opportunities and strategic directions				X				X				X	NTCRH	MSH
3. Conduct a Strategic Management Workshop annually				X				X				X	NTCRH	MSH
4. Update the Sustainability Implementation Plan annually				X				X				X	NTCRH	MSH

STRATEGIC DIRECTIONS	97				98				99				Lead Responsibility	Support Responsibility
	1	2	3	4	1	2	3	4	1	2	3	4		
II. DEVELOP AN NTCRH / INAS PARTNERSHIP WHICH BENEFITS BOTH INSTITUTIONS														
A. Develop Written Understanding of the Guidelines and Procedures for the Partnership	X	X											NTCRH, INAS	MSH
B. Develop Initiatives That Link Clinical and Service Delivery Management Training														
1. Assess needs and market for this training in both the public and private sectors in Morocco		X	X										NTCRH, INAS	MSH, SOMARC, INTRAH
2. Adapt and develop modules and courses			X	X			X	X			X	X	NTCRH, INAS	MSH, INTRAH
3. Hold courses					X	X	X	X	X	X	X	X	NTCRH, INAS	MSH, INTRAH
4. Evaluate courses, reassess market, and revise plans								X				X	NTCRH, INAS	MSH, INTRAH
C. Develop South to South Initiatives (Link to IF. above)														
1. Develop proposals for funding the partnership's participation in the South-to-South Initiative														
a. Develop better understanding of South-to-South Initiative's Secretariat, donors, procedures and priorities for funding	X	X											NTCRH, INAS	MSH
b. Follow up District Level Problem Solving proposal already submitted by INAS		X	X										INAS	MSH
c. Develop proposal for Seminar for Regional Training Centers in response to fax		X	X										NTCRH	INAS, MSH
d. Hold Seminar for Regional Training Centers					X								NTCRH, INAS	MSH, INTRAH
d. Utilize Seminar for Regional Training Centers as marketing entry point for additional initiatives					X	X	X	X	X	X	X	X	NTCRH, INAS	MSH, INTRAH
e. Develop proposal to link clinical and service delivery management training					X								NTCRH, INAS	MSH, INTRAH
f. Develop other proposals for training, training capacity building, and consulting							X				X		NTCRH, INAS	MSH
2. Research possibilities with other donors				X				X				X	NTCRH, INAS	MSH

STRATEGIC DIRECTIONS	97				98				99				Lead Responsibility	Support Responsibility
	1	2	3	4	1	2	3	4	1	2	3	4		
III. DEVELOP CAPACITY BUILDING STRATEGIC LINKAGES BETWEEN NTCRH, INAS, MSH'S MANAGEMENT TRAINING PROGRAM, MSH'S REGIONAL TRAINING PARTNERS, AND OTHER COLLABORATING INSTITUTIONS														
A. Develop a program for a capacity building exchange of trainers for Moroccan, Regional, and US courses														
1. MSH co-facilitator to Morocco for INAS TOT course		X			X				X				INAS, MSH	MEDUNSA
2. Two INAS co-facilitators to Pretoria for MSH/MEDUNSA "Managing Decentralized Health Systems"			X										INAS, MSH	
3. One INAS co-facilitator to Boston for MSH "Nouveaux Concepts et Techniques pour un Leadership Efficient"			X				X				X		INAS, MSH	
4. NTCRH co-facilitator to Cairo for MSH/RCT "Program Management: Managing Quality"								X				X	NTCRH,MSH	RCT
5. Develop trainer exchanges for clinical courses				X				X			X		NTCRH	MSH, INTRAH
B. Develop collaborative courses between NTCRH, INAS, and MSH for Morocco and the Region:														
1. Collaborative course on "Managing Decentralized Health Systems" adapted and held in French in Morocco						X				X			INAS, MSH	
2. Collaborative course related to "Nouveaux Concepts et Techniques pour un Leadership Efficient" adapted and held in Morocco in French											X		INAS, MSH	
3. Develop collaborative clinical courses							X			X			NTCRH, INTRAH	INAS, MSH
C. Develop guidelines for collaboration among NTCRH, INAS, MSH and other organizations on planning, operationalizing, and financing join initiatives		X	X	X	X								INAS, NRCRH, MSH	INTRAH

Appendix C: Scope of Work

APPENDIX C- SCOPE OF WORK

Add-On to the Family Planning Management Development Project (FPMD II)

This add-on will support two major areas of activity of USAID/Morocco's bilateral health/family planning program as follows:

- 1) Institutional sustainability analysis, planning and technical assistance to Morocco's National Training Center for Reproductive Health (NTCRH), including its contribution to the national family planning/reproductive health program; and
- 2) In-country management training capacity development with the Moroccan National Institute of Health Administration (INAS).

I. National Training Center for Reproductive Health (NTCRH)

A. Background

Voluntary surgical contraception (VSC) has become an accepted method of family planning (FP) in Morocco. VSC targets are now routinely included in MOPH projects of contraceptive prevalence, with expectations that this method will represent 11% of contraceptive prevalence in Morocco by the end of the century. In support of this direction, USAID in collaboration with the MOPH has developed a multi-year strategy to strengthen VSC services and to help ensure the program's longer term viability.

The Morocco VSC program was initially managed by the Moroccan National Training Center for Reproductive Health (NTCRH). The NTCRH has long been a pillar of VSC programming planning, service delivery support, and training (technical and equipment maintenance).

One of the elements of the strategy addresses the potential institutional link between the of income generation/cost recovery through the development of the National Training Center for Reproductive Health (NTCRH) as a business entity for specialized family planning training. With the imminent shift in USAID assistance toward support for sustainable development, including institutional strengthening as critical to sustainability targets, there is an urgent need to determine options for the NTCRH's assumption of responsibilities for and costs of its own program and for specific in-country training needs.

As such, the viability that we are seeking for the financial longevity of the NTCRH is directly linked to institutional capability of the Moroccan system to provide quality training in reproductive health.

2. Objectives

The purposes of this add-on element are to work with the NTCRH to:

- 1) determine the financial and management requirements of the NTCRH to a) conduct its own operations, b) contribute its support to the national family planning program for specialized training, supervision, and/or other areas of technical support and c) contribute its expertise, as appropriate, to assist in the planning and oversight of national reproductive health/family planning initiatives;
- 2) determine the feasibility of developing the NTCRH as a business for specialized family planning training for the African and Middle Eastern market, and the Moroccan private sector;
- 3) provide technical assistance and support as appropriate to help establish the NTCRH as a business entity for this kind of training;
- 4) determine technical assistance and support as appropriate to help establish the NTCRH as a technical support to a) national state-of-the-art quality standards; b) national reproductive health/family planning norms and procedures; and c) regional training teams.

3. Scope of Work

FPMD's technical support to this effort will be in three phases as follows:

Phase 1: Dialogue on the role of the NTCRH in the national reproductive health/family planning program (May/June, 1996)

FPMD will field a senior family planning management specialist to help facilitate the dialogue and subsequent definitions of the NTCRH's role in the Morocco reproductive health/family planning program. This should include a review of VSC-specific management procedures already outlined (and which include technical support to existing regional training teams and their monitoring and evaluation), status of agreements reached and any refinements, as appropriate; and go beyond the VSC-specific dialogue to address the NTCRH's potential contribution to the development, dissemination and maintenance of state of the art quality standards. The NTCRH's potential as a locus for a national technical committee in charge of developing, maintaining and up-dating national reproductive health/family planning norms and procedures should be openly considered and candidly discussed.

Phase 2: Initial Assessment (September/October, 1996)

FPMD will conduct an initial assessment of the NTCRH to determine from a programmatic view its training capacity and market for future training activities. This analysis will examine:

- the current NTCRH mission - service delivery; training; quality assurance standards; etc.
- current and future training strategies
- mandate as a national and regional resource - current and future
- marketing of NTCRH services (training; other)
- NTCRH organizational structure including the availability of human resources and the management of those resources
- current management systems including organizational structure, quality assurance, marketing, financial management including forecasting and cost control, donor relations/sources of funds, and bottom line accounting. sources of funds, etc.

Based on this analysis, FPMD will work with the NTCRH to develop a long term action plan to implement the changes identified in the assessment that would lead to the long-term goal of financial sustainability. The action plan will necessarily also address the longer-term requirements, if any, for the NTCRH's role in the Morocco national family planning program.

Phase 3: Implementation of action plan (fall, 1996, through December, 1997)

Phase 3 specific activities and calendar of events are still to be defined, based on the above analysis. The plan of action will be developed in concert with the NTCRH, the MOPH/DP, and USAID/Morocco.

Consultant requirements:

Phase 1 - Senior family planning management specialist, 3 weeks;

Phase 2 - Senior management and training specialist and a senior financial/sustainability expert, up to 4 weeks each;

Phase 3 - TBD.

II. Management Training with INAS

A. Background

Institutional capacity development is an essential input to a sustainable, quality program. As such, it is also a major element of USAID's transition planning support to the health/family planning sector, as evidenced by the bilateral project's efforts in intra-ministerial linkages for training development, implementation and monitoring, and in the development and implementation of management systems. One aspect of these efforts will support the development of the capability to design and offer management trainings to public health managers (and perhaps international participants) in specific areas of management needs.

B. Objective

The purpose of this add-on element is to work with the INAS to identify initial management training requirements and support relevant curriculum development capabilities.

C. Scope of Work

Working with INAS and in collaboration with FPMD's management training program (within Management Sciences for Health/MSH), FPMD will develop a management training course for Moroccan MOPH managers and perhaps international participants. Based on a needs assessment conducted by FPMD and INAS prior to the training, INAS and FPMD will adapt existing MSH management training curricula and develop new materials targeted to the identified needs. FPMD and INAS will then conduct a training course (which may include international paying participants) in Rabat.

It is expected that INAS will be able to continue to offer this kind of training subsequently, with only minimal or even without FPMD participation. Examples of courses that could be developed/adapted include: managing for quality; family planning program management; and general management.

Consultant requirements: Senior management training specialist, 2 weeks; two trainers (initial assessment and training course), 3 weeks each.

Estimated Budget Requirements

1. Work with the NTCRH

- a. Phase 1 - \$40,000
- b. Phase 2 - \$70,000
- c. Phase 3 - \$150,000

2. Work with INAS - \$40,000

TOTAL: \$300,000

Appendix D:
List of Persons Interviewed

APPENDIX D- LIST OF PERSONS INTERVIEWED

USAID:

USAID/Rabat

Mr. James Hradsky	Directeur Adjoint
Dr. William Jansen	Chef de la Division de la Population, de la Santé et des Ressources Humaines
Ursula Nadolny	Chef de la Division de la Population et de la Santé
Dr. Amina Essolbi	Spécialiste des Soins de Santé
Ms. Nancy Nolan	
Ms. Zohra Lhaloui	Project Officer

LA DIRECTION DE LA PRÉVENTION ET DE L'ENCADREMENT SANITAIRE

Direction des Hôpitaux et des Soins Ambulatoires

Dr. Mustapha Essolbi	Directeur
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Direction de la Planification et des Ressources Financiers

Mr. Mohamed Laaziri	Directeur
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Division de la Population, DP

Dr. Mostafa Tyane	Directeur
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Division de la Santé Materno-Infantile, SMI

Dr. Najia Hajji	Chef de Division
Dr. Wafia Lantry	Chef de Service

Division de l'informations et des Méthodes

Hajra Slimane	Chef de Division
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INSTITUT NATIONAL D'ADMINISTRATION SANITAIRE, INAS

Dr. Benbrahim Fikry	Directeur
Dr. Mohamed Lardi	Enseignant-Chercheur
Dr. Adbelnahab Zayyoun	Enseignant-Chercheur
Dr. Jibara	Enseignant-Chercheur
Other Senior Technical Staff	

LA DIRECTION DES RESSOURCES HUMAINES

Division de la Formation

M. Smail Ahati	Directeur
----------------	-----------

LA FACULTE DE MEDECINE A RABAT

Prof. My Tahar Alaoui	Doyen
Prof. Abdellatif Chaoui	Chef du Department, Gyne/Obst

LA MATERNITE II SOUISSI

Prof. Ouazzini Taibi

Chef de Service, Gyne/Obst

LA FACULTE DE MEDECINE A CASA

Prof. Iraki
Medicales

Président, Societe Marocaine des Sciences

Prof. Mohamed Bekkay

Chef du Department, Gyne/Obst

CENTRE NATIONAL POUR LA REPRODUCTION HUMAINE

Prof. My Tahar Alaoui

Directeur

Mme. Hassouni

Administrateur

Prof. Rachid Bezad

Prof. Fatine Bensaïd

Prof. Haddou ElFehri

Prof. Chakib Chraïbi

Prof. Dehaynii

JOHN SNOW INCORPORATED, JSI

Ken Olivola

Directeur Interim du Projet

Peter Halpert

Technical Advisor

Mlle. Malika

Technical Advisor

Maggie Huff-Rousselle

Consultant

ALTERNATIVE CONSULTANTS, ALCO

Prof. Khalid Alioua

Directeur de Projets

THE FUTURES GROUP, SOMARC

M. Jean Manuel Urretia

Directeur Régional

Jeannie Brown

Directeur de Recherches

ASSOCIATION MAROCAINE POUR PLANIFICATION FAMILIALE, AMPF

M. Mohamed Graigaa

Directeur des Programmes

PRIME/INTRAH

Mr. Pape Gaye

Regional Director/Lomé

Ms. Yvonne Sidhoun

Regional Advisor Near East/EM

JHPIEGO

Dr. Robert H. Johnson

Executive Director

Kathy Jesencky

Directrice pour l'Afrique Ouest

MTDS COMPUTER SERVICES

Mr. James Lowenthal

President

Mr. Karl Stanzick

Technical Director